SULTES DISTRICTOR WINDS

WILLIAM M. MCCOOL District Court Executive Clerk of Court

UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF WASHINGTON
OFFICE OF THE CLERK
U.S. COURTHOUSE
700 STEWART STREET, SUITE 2310
SEATTLE, WASHINGTON 98101
(206) 370-8400

LORI LANDIS
Chief Deputy Clerk

PETITION FOR ADMISSION TO PRACTICE INSTRUCTIONS

Complete and return the Petition for Admission to Practice:

- Form is fillable using Adobe Acrobat Reader
- Oath of Attorney must be notarized.
- Certificate of Recommendations to be completed by members of our bar.
- Registration form for the Court's Electronic Case Filing (ECF) system.

Submit completed Petition for Admission to Practice along with the required \$226 filing fee to:

Clerk, United States District Court Western District of Washington U.S. Courthouse Attn: Attorney Admissions 700 Stewart Street, Suite 2310 Seattle, WA 98101

Acceptable forms of payment include – Credit card, money order or checks made payable to Clerk, U.S. District Court.

Once the completed packet is received, verified and processed, a Certificate of Admission will be mailed and your ECF login and password will be e-mailed.

For questions, please contact the attorney admissions clerk.

Dana Scarp

Phone: 206-370-8862

E-mail: dana_scarp@wawd.uscourts.gov

PETITION FOR ADMISSION TO PRACTICE

COMES NOW, Washington
States Bar ID Number, and respectfully petitions the above-entitled court fo
admission to practice before the Bar of this Court. In support of said petition, the Petitione
states as follows:
Petitioner's residence address is:
Petitioner's firm name is:
Petitioner's business address is: (include suite number, city, state & zip code)
Petitioner's primary e-mail address is:
Business telephone number with area code is:
From the time of Petitioner's admission by the Supreme Court of Washington on
, Petitioner has been engaged in the practice of lav
at (city & State)
Petitioner submits herewith the certificates of two reputable members of the Bar of the
above-entitled Court, setting forth what said members know of Petitioner's experience
Petitioner certifies that he/she has read the Federal Rules of Civil and Criminal Procedures and
the Local Rules of the above Court.

Wherefore, Petitioner herein respectfully petitions that he/she be admitted to practice before the Bar of the United States District Court for the Western District of Washington.

OATH OF ATTORNEY

I,	, Petitioner herein, being first duly
sworn, on oath depose and say: That I have read the	ne foregoing petition and that the facts stated
therein are true of Petitioner's own knowledge.	
Further, "I solemnly swear or affirm that as a	an attorney and officer of this Court, I will
support and defend the Constitution and the laws o	f the United States, I will conduct myself in
an honest and ethical manner at all times, and I will	faithfully serve my clients and this Court,
honoring the principles of respect, justice, and equa	ality for all."
	Signature of Applicant
STATE OF	
COUNTY OF) ss.
SUBSCRIBED and SWORN to before me this	day of
20	
(SEAL)	
	Notary Public in and for the State of
	residing at
	My commission expires:

CERTIFICATE OF RECOMMENDATION

I, the undersi	gned		
Washington State Ba	ar Number	h	ereby certify that: I am admitted to practice
as a member of the B	Bar of this Court. I	I have known	
personally for	years (or	months),	and Petitioner is a person of good moral
character. I recommo	end the admission	of the Petitio	ner to the Bar of this Court.
		-	
			Your Signature
Firm Name:			
Firm Address:			
Phone:			
E-mail:			

CERTIFICATE OF RECOMMENDATION

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personally for	_ years (or	_ months)	, and Petitioner is a person of good moral
character. I recomme	end the admission o	of the Petiti	oner to the Bar of this Court.
			Your Signature
Firm Name:			
Firm Address:			
Phone:			
E-mail:			



ATTORNEY REGISTRATION FORM FOR THE ELECTRONIC CASE FILING (ECF) SYSTEM

	and to
Name:	Washington State Bar ID Number:
Firm N	lame:
Busine	ess Address:
Teleph	none Number:
Primar	ry E-mail Address:
Secon	dary E-mail Address:
By subm	nitting this registration form, the undersigned understands and agrees to the following:
1.	The CM/ECF system is to be used for filing and reviewing electronic documents, docket sheets, and notices.
2.	The password issued to you by the court, combined with your login, serves as your signature under Federal Rule of Civil
	Procedure 11. Therefore, you are responsible for protecting and securing this password against unauthorized use.
3.	If you have any reason to suspect that your password has been compromised in any way, you are responsible for
	immediately notifying the court. Members of the court's systems staff will assess the risk and advise you accordingly.
4.	By signing this Registration form, you consent to receive notice electronically, and to waive your right to receive
	notice by personal service or first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2)(C), except with
	regard to service of a complaint and summons. This provision does include electronic notice of the entry of an order
_	or judgment.
5.	You will continue to access court information via the Western District of Washington's internet site or through the Public
	Access to Court Electronic Records (PACER) system. You will continue to need a PACER login, in addition to the court-
•	issued password. You can register for PACER at their web site: http://pacer.psc.uscourts.gov
6.	By this registration, the undersigned agrees to abide by the rules and regulations in the most recent General Order, the Electronic Filing Procedures developed by the Clerk's Office and any changes or additions that may be made to such
	Liectronic mining procedures developed by the Clerk's Office and any changes of additions that may be made to such

Signature Date Signed

administrative procedures in the future.

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON

PAYMENT FORM
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PLEASE SUBMIT PAYMENT ALONG WITH COMPLETED PETITION OF ADMISSION IN THE AMOUNT OF \$226 TO:

Clerk, United States District Court
Western District of Washington
U.S. Courthouse
Attn: Attorney Admissions
700 Stewart Street, Suite 2310
Seattle, WA 98101

- Personal Check
- Money Order
- Cashier's Check
- Credit/Debit Card

Make Check payable to:

Clerk, U.S. District Court

Credit/Debit Card Authorization

Visa Mastercard American Express			
Name on Card:			
Card Number:			
Expiration Date: 3 digit Security Code:			
Billing Address:			
I authorize payment of \$226.00 by credit card.			
Signature			